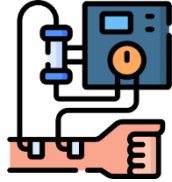


# London Kidney Network: Development and extension of the supportive care pathway

Supportive, or conservative, care provides patient with **non-dialysis treatment to manage their end stage renal failure**. It includes function preservation, symptom management and advanced / end of life care planning. It can also be used alongside renal replacement therapy (dialysis or transplantation) to improve quality of life.

**1. The supportive care pathway isn't formally commissioned**, so patients may not be offered this option. Nor is there systemic data capture to measure outcomes. **We will describe an optimal pathway and define a measurement strategy**



**3. An audit of South London patients on haemodialysis found that although 25% may be suitable for the supportive care pathway, 75% of those were not offered the option.**



**Advanced kidney care clinics (AKCCs)** are integral to coordinating care and treatment for patients as kidney disease progresses. GIRFT data shows these are under resourced. AKCCs see a significant number of patients appropriate for supportive care, such as those over 75 with comorbidities, who may not benefit from dialysis.

**5. We will create, extend, and test supportive care** for a cohort of patients within AKCC and RRT pathways. It will include a measurement strategy with defined data points for benchmarking and improvements.

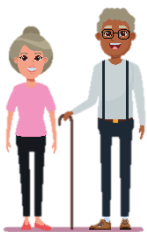


**2. Dialysis can be beneficial for many patients, but is costly and requires extensive patient commitment:** £25k-£30k per person annually, and take up to 45% of a patient's waking hours



**4. Patients should be offered the honest choice of a pathway that addresses their needs beyond dialysis.** However, 50% of secondary care staff say they are not comfortable holding these conversations. Anecdotally, primary care clinicians feel equally unable to hold these conversations

**6. We will develop tools and resources to upskill staff, patients, and their families** for better shared decision making of treatment options. We will create networks of care, breaking down barriers across renal, cardiovascular, elderly, and community palliative care teams for a holistic pathway offering.



**Current models of dialysis care were designed for younger patients**, where the main goal was longevity and access to transplantation. Older, frailer patients may have different priorities, like electing to spend free time with families instead of on dialysis. In certain patient cohorts, survival rates of supportive care alone may be comparable to dialysis, with up to 90% less time spent in hospital.

By offering a supportive care package to all London patients, we can support decision making and provide more appropriate care preferred by patients. This will result in better outcomes, experience and quality of life for patients, with cost and efficiency savings to the system (eg reducing the number of inappropriate patients on dialysis).